



# THE CITY OF BERWYN, ILLINOIS

## CITY OF BERWYN PACKAGE LIQUOR TAX RETURN

Tax Period: \_\_\_\_\_

Due Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

LIQUOR LICENSE NUMBER: \_\_\_\_\_ LIQUOR CLASS \_\_\_\_\_

Local Retailers' Occupation Tax Base \_\_\_\_\_

### COMPUTATION OF TAX LIABILITY

1. Gross Sales Of Packaged Beer, Wine and Liquor \_\_\_\_\_
2. Package Liquor Tax (Line 1 X 2%) \_\_\_\_\_
3. Less Commission (Line 2 X .01) \_\_\_\_\_  
**(No Commission if Remittance Is Late)**
4. Late Payment Penalty (2% Per Month-If Paid  
After Due Date) \_\_\_\_\_
5. Total Tax and Penalty Due (Add Lines 2 and 4) \_\_\_\_\_

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

\_\_\_\_\_  
Signature of Preparer      Date

\_\_\_\_\_  
Signature of Taxpayer      Date

**MAIL THIS COMPLETED RETURN, AND CHECK, FOR AMOUNT SHOWN ON LINE FIVE (5) ALONG WITH A COPY OF ILLINOIS DEPARTMENT OF REVENUE FORM RR-1-A, TO:**

**CITY COLLECTOR/CITY OF BERWYN  
6700 W. 26<sup>TH</sup> STREET  
BERWYN, ILLINOIS 60402**